

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 8-28-09
 SUBJ: Receipt No. N021543 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Dexter F. Yates
 Address 11392 N. Riata Rd.
Hayden ID 83835

Claimant(s) if NOT Payor _____
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (N)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # _____
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By (V) Agent (N) () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-138</u>	<u>43</u>	<u>\$ 25.-</u>	<u>0</u>	<u>N021543</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$ 25.-</u>	<u>\$ 0</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y (N)

Basis is Decreed. No fees due.
Decree issued 3-23-1978. Matches CSRBA claim.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval C. Fritschle Hold _____ To Fiscal 9-2-09 N
 Data Base Modified? Y/N NA A &/or R Records By _____ Logged 8-31-09